

Division of Behavioral Health
Office of Consumer Affairs
P.O. Box 95026
Lincoln, Nebraska 68509-5026



Pete Ricketts, Governor

PEER SUPPORT EMPLOYER / VOLUNTEER VERIFICATION FORM

THIS FORM IS TO BE COMPLETED BY THE CPSWS CERTIFICATE HOLDER'S CURRENT, PREVIOUS, OR VOLUNTEER SUPERVISOR, WITH WHICH YOU HAVE COMPLETED THE WORK/VOLUNTEER REQUIREMENT.

THIS IS TO VERIFY THAT:

The records of: _____
(Name of Organization)

Employer Address: _____
(including City, State and ZIP code)

Indicate that: _____ is/was
(Employee or Volunteer's Legal Name)

employed by or providing volunteer services for the above stated organization and is/was providing Peer Support or Family Peer Support Services. The above stated Employee or Volunteer has worked or is working/volunteering for this organization since _____.
(Date)

The above stated individual has worked or volunteered a total of _____ hours in the last 12 months
(Minimum 500 hours)
immediately preceding the date this form is signed.

Please attach a copy of the above stated Employee/ Volunteer's job description signed by the Employee or Volunteer and the Employee/Volunteer's Supervisor.

My signature below indicates that the information contained herein is true and complete.

Applicant Printed Name and Job Title

Applicant Signature

Date Signed

Supervisors Printed Name and Job Title

Supervisors Signature

Date Signed

Supervisors Email Address

Supervisors Phone Number